



WEST BRANCH AREA SCHOOL DISTRICT Travel Expense Voucher

Employee's Name _____ Date _____

Meeting Location _____ Date _____

Educational purpose: _____

Expenses:

Mileage _____ X \$0.58 = _____
(1/3/2019) (List Below)

Meals/receipts required _____

Lodging/receipts required _____

Other/receipts required _____

TOTAL _____

* Mileage:

Date	Destination From (Address)	Destination To (Address)	Total # of Miles

* Mileage should be map requested from WBASD to destination, not from your home.

Source of funding (General, Title I, Title VI, Safe & Drug-Free Schools, Math & Science)

Employee's Signature _____
Date _____

Principal's Signature _____
Date _____

Business Manager's Signature _____
Date _____

Superintendent's Signature _____
Date _____

(1/02/18KW)